



ELEVATOR SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor/Installer _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Federal Emp. No. _____

Maintenance/Service Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

Estimated Cost of Elevator Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Fire ☐ Electric

☐ Elevator Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Temporary _____

Final _____

SUBCODE APPROVAL:

Date: _____

Approved by: _____

Dates (Month/Day)



Date Received

Date Issued

Control #

Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____ Date _____

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
_____	Traction or Winding Drum	
_____	1 to 10 Floors	\$ _____
_____	Over 10 Floors	_____
_____	Hydraulic	_____
_____	Roped Hydraulic	_____
_____	Escalator/Moving Walk	_____
_____	Dumbwaiter	_____
_____	Stairway Chairlift, Inclined and	_____
_____	Vertical Wheelchair Lifts and Man Lifts	_____
_____	Oil Buffers	_____
_____	Counterweight Governor and Safeties	_____
_____	Auxiliary Power Generator	_____
_____	Alterations	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____